Application or Docket Number

Effectiv November 10, 1998														
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY OTHER THAT TYPE OR SMALL ENT					
FOR			NUMBER FILED			NUMBER EXTRA		ſ	RATE	FEE	7	RATE	FEE	
BASIC FEE										380.00	OR		760.00	
TC	TAL CLAIMS		/g minus 20= •						X\$ 9=		OR	X\$18=		
INC	EPENDENT C	LAIMS	4 minus 3 =			• /					OR	X78=	110	
MULTIPLE DEPENDENT CLAIM PRESENT									400		1		78-	
* If the difference in column 1 is less than zero, enter "0" in column 2									+130=		OR	+260=		
CLAIMS AS AMENDED - PART II									TOTAL		OR	TOTAL	8/38-	
	(Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENTA		REM A		UMS UNING FER DMENT		HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		PATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 5	30	Minus	**	20	= 10		X\$ 9=	90.0	OR	X\$18=		
B E	Indep ndent	•	1	Minus	det	·	= 73		X39=	17680	OR	X78=	/	
	FIRST PRESE	NTATIO	ON OF M	ULTIPLE DE	PENC	DENT CLAIM		▎┢	+130=	1 //0300		+260=	/	
••									TOTAL		OR	TOTAL	/	
		(Cal	umn 1)		10	`al 0\	(Column 3)	A	DDIT. FEE		OR	ADDIT FEE	·	
AMENDMENT B		CL	AIM\$ HI			Column 2) HIGHEST	Г		ADDI-			ADDI		
		AF	AINING TER IDMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	2)	Minus	••	30	=		X\$ 9=	0	OR	X\$18=		
	Independent	NTATIC	N OF MI	Minus	PENI		=		X39=	6	OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=		OR	+260=		
									TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
			ımn 1)	,		olumn 2)	(Column 3)							
MEN		REM.	AIMS AINING TER IDMENT		PR	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**		3		X\$ 9=		OR	X\$18=		
	Independent	•		Minus	***		¢		X39=			X78=	· ·	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							┢		,	OR			
* If the entry in column 1 is less than the entry in column 2, writ "0" in column 3.										_	OR	+260=		
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ***Tith "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											TOTAL ODIT. FEE		
1	Th "Highest Nun	ber Prev	riously Pai	d For (Total o	r Inde	pendent) is th	highest number	r found	in the app	ropriate box	in col	ımn 1.	1	

id.